



CLIENT INFORMATION SHEET

Name _____
Address _____ City _____ State _____
Zip _____
Phone (Day) _____
Night _____

May we contact you at these numbers if necessary? Yes _____ No _____

Procedures Desired:

Eyebrows

Eyelash Lift

Lipblush

Eyeliner

Scalp Micro
Pigmentation

YES

NO

Are you currently on or have been on Accutane?

Do you have oily skin?

Are you currently on an antibiotic or have been within the past 30 days?

Do you plan on being in the sun within the next 2 weeks?

Do you have previous tattoo work on your brows?

Are you pregnant or plan on getting pregnant in the next 2 months?

Have you had a baby within the past 3 months?

Signed: _____ (Client)

How did you hear about us?

Who Referred you?

Email Address:

Dawn Marie Studio

Appointment Deposit and Cancellation Policy

Dawn Marie Studio is committed to providing all clients with plenty of time during their appointment to ask as many questions as they need or to just make themselves feel comfortable. Therefore, Dawn Marie Studio limits the number of clients each day.

This approach may result in longer waits for clients to receive an appointment. To help avoid unnecessary delays, Dawn Marie Studio needs to follow a cancellation policy and appointment deposit, as described below.

Appointment deposit

Dawn Marie Studio requires a \$100.00 deposit (This holds your appointment time.) No refunds unless you follow the 48 hour LETS BE NICE Policy. Consultations are \$50, also non-refundable but applied to your Microblading procedure.

48 Hour LETS BE NICE policy

If you change your appointment 48 hours or more before your scheduled, deposited & booked appointment time, your appointment deposit will be applied to your new rescheduled 2nd appointment ONLY. You MUST contact Dawn Marie Studio at or before the 48 hour cancellation deadline.

All deposits are nonrefundable. NO EXCEPTIONS

Consultations and Full Payments

Your Dawn Marie Studio appointment deposit is due when your appointment is booked, either online, over the phone or in person. Your appointment is not confirmed until deposit is received. No Exceptions.

Your balance must be paid in full at your procedure.

Cash and Credit Cards accepted. If you pay with a credit card 3% of your total will be added to your procedure/deposit.

If you decide you don't like your brows, for any reason, there is NO REFUND. NO EXCEPTIONS. You need to call Dawn Marie Studio immediately after initial procedure if you feel this way for solution.

Dawn Marie Studio appreciates your understanding of the need for the above policy. Our goal, as always is to provide our clients with thoughtful service and optimum results.

Print Name

Date

Signature

INFORMED CONSENT FOR PIGMENT (TATTOO) LIGHTENING

Name (Please Print) _____

The nature and method of the proposed pigment (tattoo) lightening procedure has been explained to me including risks or possibility of complications during or following its performance I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Secondary infection in the area of the procedure may occur, however if properly cared for, this is rare. _____ (Client Initials)

I understand that several treatments may be needed in order to attempt to achieve my desired results however I have not received any guarantees to the quality of the outcome of the process. _____ (Client Initials)

I understand there are medical options available for pigment removal. I have decided to decline those methods. _____ (Client Initials)

I understand that the unwanted pigment may not be successfully lightened to the point that it can no longer be seen, and that scarring as hyper-pigmentation or hypo-pigmentation, or other damage to the skin, which may be permanent, may occur during the process. I will not hold my technician and/or the distributor of tattoo removal products used in this attempted tattoo lightening or removal, liable for any damages that may occur to my person. _____ (Client Initials)

Which of the following best describes your skin type? (Please circle one type number)

- I. Always burns, never tans
- II. Always burns, sometimes tans
- III. Sometimes burns, always tans
- IV. Rarely burns, always tans
- V. Brown, moderately pigmented skin
- VI. Black skin

For skin types V and VI only and saline removal only:

I understand that I am at a higher risk for hyper-pigmentation and hypo-pigmentation than other skin types. I agree to the risk involved. _____ (Client Initials)

I understand that lightening tattoo pigment is difficult, if even possible. As a result I will not hold my technician or this establishment responsible for any resultant failure to lighten the unwanted pigment. _____ (Client Initials)

I agree to submit to before and after photographs, and give my permission to use such photographs for publication and/or for teaching purposes. _____ (Client Initials)

Li-FT Client Aftercare Instructions

It is critical to follow all aftercare instructions to prevent complications, scarring and to achieve optimum results. Please read carefully.

1. **KEEP AREA CLEAN** and open to the air. Do not cover with a Band-Aid or anything else, leave open to air. Air/oxygen provides good and faster healing. You should not be touching the area at all but if you find yourself needing to please make sure your hands are exceptionally clean.
2. **CLEAN BY BLOTTING AREA** with saline 3 to 4 times a day using a paper towel or gauze. **NO ICE.**
3. **DO NOT SOAK** the treated area in water. You can shower as normal but keep the area out of the shower spray the best you can and do not let the area stay wet for more than a few minutes. It is best to keep it dry but if you do get it wet gently pat dry.
4. **NO BATHING, SWIMMING, SAUNAS, HOT TUBS, TANNING, OR EXERCISE. NO EXCEPTIONS.**
5. **DO NOT** disrupt the scabbing process (i.e. no picking, scratching, etc.) All scabbing needs to fall off naturally. If you force or pick a scab off you will disrupt the process and possibly cause scarring. It is critical to keep the scabs on as long as possible to achieve optimum results.
6. **TREAT AREA WITH TLC. DO NOT DO ANYTHING AT ALL THAT COULD CAUSE ISSUES OR PROBLEMS TO THE TREATED AREA.**
7. **ONCE ALL SCABBING HAS NATURALLY FALLEN OFF**, apply one drop Vitamin E Oil 3 to 4 times throughout the day for a minimum of 4 weeks, or until next lightening session. **DO NOT** start applying the Vitamin E oil **UNTIL** all scabbing has naturally and completely fallen off. It is our goal to keep the area as dry as possible until all scabs have naturally fallen off.
8. **LIPS** please drink all liquids with a straw until all scabbing has naturally fallen off. Brush with Toms of Maine or Classic Crest (no whitening, no peroxide toothpastes. Cut food into small bites....no biting into a sandwich. Try to keep mouth expressions to a minimum.

- ❖ It is important to the process and integrity of the skin that 8 full weeks of healing take place before another lightening session can be done. No exceptions
- ❖ Lightening and/or removing unwanted pigment is a long process and patience is required. This is true whether you are choosing a lightening product service or laser. Please be patient and give the process a fair chance to work. Expect visible and wanted results in 2 to 5 sessions. How many sessions needed will depend on how saturated the pigment is, how deep it was implanted and how much needs to be removed for the desired result. In many cases only a percentage of the pigment needs to be lightened/removed and then we can continue the correction process by color correcting or color shifting. In those cases where we have pigment misplaced or in an unwanted area, color correcting will not be an option and removing as much of the pigment as possible will be our ultimate goal.
- ❖ Results cannot be foreseen, predicted or guaranteed.
- ❖ If you have any questions or concerns please call us. If at any time you have any green or yellow puss in the area of the removal, or any concerns at all during the healing process please do not hesitate to contact us.

I agree to follow all aftercare instructions. _____ (Client Initials)

I have been duly informed of the nature, risks, possible complications and consequences as listed above. I further understand that my technician is not a medical doctor. _____ (Client Initials)

I understand all information listed above, have had my questions answered, and agree to all conditions and provisions of this document as evidenced by my signature below. I accept the risks for having this procedure done. _____ (Client Initials)

Date _____
Signature of Client (Signature applies to consent to the process during the agreed treatment plan period)

Date _____
Witnessed by Technician Performing Removal/Lightening Procedure